



DOCKET NO. 2825.2025-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

[] Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Association of Thrombospondin Polymorphisms with Vascular Disease

the specification of which (check one)

[] is attached hereto.

[X] was filed on November 13, 2001 as United States Application

Number or PCT International Application No. 10/007,781

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 or 365 of any foreign application(s) for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	[]	[]	[]
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	[]	[]	[]
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	[]	[]	[]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Stacey Bolk

Inventor's Signature _____ Date _____

Residence 202 Baker Street, #1
West Roxbury, MA 02132

Citizenship U.S.A.

Mailing Address same as above

Full name of second joint

inventor, if any George Q. Daley

Inventor's Signature _____ Date _____

Residence 50 Young Road
Weston, MA 02193

Citizenship U.S.A.

Mailing Address same as above

Full name of third joint

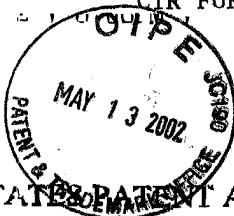
inventor, if any Jeanette J. McCarthy

Inventor's Signature Jeanette McCarthy Date 4-10-02

Residence 625 Dupont Street
San Diego, CA 92106

Citizenship U.S.A.

Mailing Address same as above

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(Number) _____	(Country) _____	(Day/Month/Year filed) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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-2-

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Full name of sole

✓ or first inventor Stacey HoltInventor's Signature St. BuckDate 5/3/02Residence 202 Baker Street1 Stimson AveWest Roxbury, MA 02132Lexington, MA 02421Citizenship U.S.A.Mailing Address same as above

Full name of second joint

inventor, if any George O. Daley

Inventor's Signature _____

Date _____

Residence 50 Young RoadWoburn, MA 02193Citizenship U.S.A.Mailing Address same as above

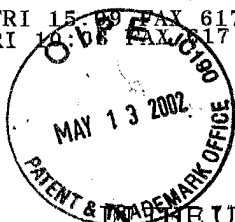
Full name of third joint

inventor, if any Jeanette J. McCauley

Inventor's Signature _____

Date _____

Residence 3625 Dupont StreetSan Diego, CA 92106Citizenship U.S.A.Mailing Address same as above



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				<u>YES</u>	<u>NO</u>
(Number) _____	(Country) _____	(Day/Month/Year filed) _____	[]	[]	[]
(Number) _____	(Country) _____	(Day/Month/Year filed) _____	[]	[]	[]
(Number) _____	(Country) _____	(Day/Month/Year filed) _____	[]	[]	[]

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